



Indian Lake Chamber of Commerce

Representing Blue Mountain Lake, Indian Lake and Sabael

P.O. Box 724 Indian Lake, New York 12842

Phone (518) 648-5112 Fax (518) 648-5489 website: indian-lake.com

Email: indianlakechamber@frontiernet.net

Winter Wonderland Craft Show

February 18 and 19, 2012, 10 a.m. to 3 p.m.

Registration Form and Agreement

Business Name:

Address:

Email:

Website:

Telephone Number:

Cell:

Description (or attach sheet):

Advertisement in program for \$25 (please attach copy or email file): YES NO

Email files to indianlakechamber@frontiernet.net

TERMS

1. The craft show will be held at Indian Lake Central School (ILCS) and the American Legion Hall, Route 28, Indian Lake, N.Y.
2. Each booth space measures approximately 8 by 6 feet and will be assigned by the ILCOC.
3. Booth fee is \$40.00. After January 10, 2012, the fee will be \$45.00. Please make checks payable to "Indian Lake Chamber of Commerce."
4. Smoking and/or use of alcoholic substances are prohibited on the ILCS and American Legion Hall properties. Any vendor not abiding by the rules of conduct may be asked to leave by the ILCOC staff, volunteers, or ILCOC Board of Directors. If a vendor is asked to leave, there will be no refund of the booth fee.
5. ILCOC shall not be responsible for the security, damage, injury, or loss to vendor, its agents, servants and employees or of any of the vendor's property or goods at ILCS or American Legion Hall. Vendor herewith indemnifies and holds harmless ILCOC, ILCS and the American Legion from any loss, liability or claim arising there from.
6. ILCOC makes no warranties, express or implied, as to the safety of persons or property located at ILCS or American Legion Hall.
7. Set up will begin on Saturday, February 18, 2012 at 8:30 a.m. Take-down will begin no earlier than 3 p.m. on Sunday, February 19, 2012 unless otherwise authorized by ILCOC staff or ILCOC Board of Directors. All vendors goods and property shall be removed from the premises not later than 4:30 PM on Sunday, February 19, 2012.

Date:

By:

Printed Name

Signature

Received by ILCOC on :

Check #

Amount
